_____
Your Name

_____
Your Address

_____
City State Zip Code

_____
Your Phone Number
PETITIONER PRO SE

MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY

The Marriage of: _____, Petitioner (*Your Name),* and _____, Respondent (*Your Spouse's Name*).	Cause No.: _____ **Praecipe**

To the Sheriff of _____ County:

Please serve upon the Respondent the following documents:

[X] Summons and Temporary Economic Restraining Order (original and one copy)
[X] Petition for Dissolution of Marriage
[X] Petitioner's Declaration of Assets, Debts, Income and Expenses
[X] Petitioner's Proposed Parenting Plan
[ ] Notice and Acknowledgment to Child Support Enforcement Division
[ ] Notice of Filing Montana Child Support Guidelines

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Financial Affidavit

[ ] _____

[ ] _____

Also enclosed is:

[ ] The Petitioner's Affidavit and Order of Inability to Pay Filing Fees which waives the fee for service in this matter; OR

[ ] $_____ to cover the fee for service in this matter.

1. A physical description of the Respondent is:

2. The Respondent [ ] does not / [ ] does carry a weapon.

3. At present, the Respondent can be found:

[ ] At his/her residence:

Times normally available at this address:

[ ] At his/her place of employment:

Times normally available at this address:

[ ] Other:

Times normally available at this address:

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Please serve the papers on the Respondent as soon as possible. Please return the original Summons to me at the address above, along with proof of service or a statement that you were unable to locate the Respondent.

DATED this ____ day of _____, 20____.

_____
Petitioner Pro Se

_____
Print Name

Record of Service (*for Sheriff's use only)*

I hereby certify that (Choose One):

[ ] I personally served the Summons and the accompanying documents listed herein on the Respondent by delivering a copy of said Summons and documents to him/her personally on the ___ day of _____, 20____, in the County of _____, State of _____.

[ ] After due effort, I was unable to locate or serve the Respondent in the County of _____, State of _____.

DATED this _____day of _____, 20____.

_____
Sheriff

By: _____
Deputy Sheriff

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